

EJVES EXTRA ABSTRACTS

Extraanatomic Visceral Bypass for Consecutive Endovascular Treatment of a Thoracoabdominal Aortic Aneurysm

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Endovascular stent-graft placement is an accepted treatment for various diseases of the thoracic aorta. However, visceral rerouting, in order to gain sufficient distal length to safely deploy the stent-graft in patients with distal aneurysm extension, has not been reported often in the literature.

We report on the case of an 82-year-old patient with two aneurysms of the descending aorta and involvement of the celiac trunk. The patient was treated by an autologous renal to hepatic artery bypass and consecutive stent-graft placement. In selected patients, extraanatomic visceral bypass and consecutive stent-graft placement can be a less invasive alternative to conventional approaches.

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Endovascular Treatment of Mobile Thoracic Aortic Thrombi: Case Report

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Atherosclerotic lesions of the thoracic aorta and particularly mobile mural thrombi constitute a rare but important source of cerebral and peripheral emboli. Conventional treatment of such pathologies includes systematic anticoagulation therapy and surgical thromboendarterectomy, with potential segmental replacement of the thoracic aorta using synthetic grafts. We report the successful covering of a mobile thoracic aortic thrombus using a commercially available endograft (Endofit) in a patient presented with multiple peripheral emboli. The endovascular treatment of such lesions constitutes a new alternative treatment particularly effective and safe that decreases considerably both operational time and surgical risk.

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Endovascular Repair of Abdominal Aortic Aneurysms in Patients with Chronic Allograft Nephropathy

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Long-term survivors following renal transplantation may get abdominal aortic aneurysms (AAA) requiring operative intervention. Conventional open AAA repair necessitates a period of warm ischaemia to a renal transplant, and renoprotective manoeuvres are often inadequate. The introduction of endovascular strategies may represent a minimised risk method to repair the aneurysm. We report endovascular stenting of asymptomatic AAAs in two male patients with functioning renal transplants. Both patients had significant cardiovascular co-morbidity and chronic allograft nephropathy. Preoperative management included intravenous hydration and oral N-acetylcysteine. Both patients remained on immunosuppressant medication throughout. Following successful repair, these patients recovered without complication. Postoperative biochemical renal function returned to baseline in both cases. We conclude that endovascular repair of an AAA is a good surgical option for those with functioning renal allografts.

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